

P.O. Box 187  
Barnhart, Missouri 63012-0187  
01 July 2024

RECEIVED  
2024 JUL -8 AM 11:08  
CLERK  
US BANKRUPTCY COURT  
DISTRICT OF DELAWARE

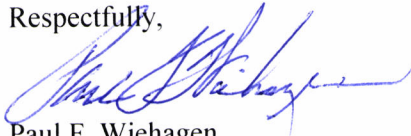
Judge Craig T. Goldblatt  
United States Bankruptcy Court  
District of Delaware  
824 North Market Street  
3rd Floor, Courtroom 7  
Wilmington, DE 19801

Dear Judge Goldblatt,

Having counsel provide guidance, I filed the proper Creditor information with Epiq in Portland, Oregon on 01 November 2023. My Yellow Corporation (Debtor 23-11069) Docket was assigned #3612 and remained such until Friday, 07 June 2024. Docket number #3612 was suddenly re-assigned as The New England Teamsters Pension Fund with which I have never been affiliated. A phone call to that pension fund office revealed no knowledge of this action.

Please advise why my claim (#3612) of \$14,222.70 and marked "Priority" has disappeared. This amount was filed for by Yellow Freight payroll department on 19 July 2023 which was before the company filed for bankruptcy.

Respectfully,



Paul F. Wiehagen

Yellow Freight St. Louis, Missouri 1979-2023  
International Brotherhood of Teamsters Local 600 1979-2023  
314.369.7218

Enclosures:

Acknowledgement of Receipt of Proof of Claim 19 December 2023  
Yellow Freight Payment Request Form time/date stamped 19 July 2023  
Epiq Proof of Claim (Modified Official Form 410)



Epiq Bankruptcy Solutions, LLC  
PO BOX 4470  
Beaverton, OR 97076-4470  
  
Address Service Requested

Legal Documents Enclosed  
Please direct to the attention  
of the Addressee,  
Legal Department or President



BAR(23) MAILID \*\*\* 000221019600 \*\*\*

\*\*\*\* YRC CLMLTR (MERGE2,TXNUM2) 4000065958 \*\*\*\*



WIEHAGEN, PAUL FREDERICK  
PO BOX 187  
BARNHART, MO 63012

December 19, 2023

### ACKNOWLEDGEMENT OF RECEIPT OF PROOF OF CLAIM

This letter serves as acknowledgement that the claim identified below has been recorded by Epiq Bankruptcy Solutions, LLC, the court-approved claims agent, on the claims register in the Yellow Corporation case ("Acknowledgement"). The claim is also publicly available at the following website address: <http://dm.epiq11.com/#/case/YRC/claims>. To ensure that your claim has been recorded correctly, please review the following information:

<b>Debtor:</b>	YELLOW CORPORATION
<b>Case Number:</b>	23-11069
<b>Creditor:</b>	WIEHAGEN, PAUL FREDERICK
<b>Date Received:</b>	11/01/2023
<b>Claim Number:</b>	3612

*Please note that nothing in this Acknowledgement should be construed to mean or imply that your claim is being allowed. The Debtor may elect to object to the identified claim on various grounds.*

We strongly encourage you to review your submitted proof of claim image on our website at the address listed above. To find your proof of claim image, enter your name or claim number listed above in the Search Box. The PDF claim image will be accessible on the right side of the page.


**WHEN REVIEWING YOUR CLAIM, PLEASE BE AWARE OF ANY PERSONALLY IDENTIFIABLE INFORMATION ("PII") THAT YOU MAY HAVE SUBMITTED AS PART OF YOUR CLAIM.** PII can include information used to distinguish or trace an individual's identity, such as a social security number, biometric records, driver's license number, account number, credit or debit card number (including any passwords, access codes, or PIN numbers), or other similar information which alone, or when combined with other personal or identifying information (such as date, place of birth, mother's maiden name etc.), is linked or traceable to a specific individual.

The Proof of Claim Form allows for redacted information. If you identify any PII in your filed claim, please contact us immediately at (646) 282-2400 or via our contact form on our website at <http://dm.epiq11.com/#/case/YRC/info> and select "Submit Inquiry" in the Case Actions section.

You may also contact us by either of the methods listed above should you have any other questions.

**EPIQ BANKRUPTCY SOLUTIONS, LLC**



United States Bankruptcy Court for the District of Delaware Yellow Corporation Claims Processing Center c/o Epiq Corporate Restructuring, LLC P.O. Box 4421 Beaverton, OR 97076-4421	<div style="text-align: right; font-size: 1.2em; color: blue;">10/22/23 copy</div> <p>To submit your form online please go to  <a href="https://epiqworkflow.com/cases/YRC">https://epiqworkflow.com/cases/YRC</a></p> <p>Your Mail ID is as follows: 219547796</p>
 BAR(23) MAILID *** 000219547796 *** YRC (MERGE2.DBF,SCHED_NO) SCHEDULE #: 87213800***** WIEHAGEN, PAUL P.O. BOX 187 BARNHART, MO 63012	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Check box if the address on the envelope sent to you by the court needs to be updated. Identify your replacement address in Part 1 (Section 3) below.         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>For Court Use Only</b>           YRC INC. 23-11087 (CTG)          Your claim is scheduled by the Debtor as:          PRIORITY UNDETERMINED          \$14,222.70 UNSECURED       </div>

**Proof of Claim (Modified Official Form 410)**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of claims under 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim****1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim):

PAUL FREDERICK WIEHAGEN

Other names the creditor used with the debtor: \_\_\_\_\_

**2. Has this claim been acquired from someone else?** ☒ No ☐ Yes. From whom? \_\_\_\_\_**3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)**

Where should notices to the creditor be sent?

PAUL FREDERICK WIEHAGEN

Name

P.O. BOX 187

Number Street

BARNHART MO 63012

City State ZIP Code

Country (if International): \_\_\_\_\_

Contact phone: 314 369 7218

Contact email: pfwiehagen@outlook.com

Where should payments to the creditor be sent?  
(if different)

Name

Number Street

City State ZIP Code

Country (if International): \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

**4. Does this claim amend one already filed?**☒ No

☐ Yes. Claim number on court  
claims register (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

**5. Do you know if anyone else has filed a proof of claim for this claim?**☒ No

☐ Yes. Who made the earlier filing?  
\_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed****6. Do you have any number you use to identify the debtor?**☒ No☐ Yes.

Last 4 digits of the debtor's account or any  
number you use to identify the debtor:  
\_\_\_\_\_

**7. How much is the claim?**

\$ 14,222.70

Does this amount include interest or other  
charges?

☒ No

☐ Yes. Attach statement itemizing interest, fees,  
expenses, or other charges required by  
Bankruptcy Rule 3001(c)(2)(A).

**8. What is the basis of the claim?**

Examples: Goods sold, money loaned, lease, services performed,  
personal injury or wrongful death, or credit card. Attach redacted  
copies of any documents supporting the claim required by Bankruptcy  
Rule 3001(c). Limit disclosing information that is entitled to privacy,  
such as health care information.

(8) WEEKS VACATION  
(EARNED WAGES)



<b>9. Is all or part of the claim secured?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____  Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  <b>Value of property:</b> \$ _____  <b>Amount of the claim that is secured:</b> \$ _____  <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>10. Is this claim based on a lease?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition. \$ _____  <b>11. Is this claim subject to a right of setoff?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____  <b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check one: <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a)(____) that applies. * Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.	A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.  <b>Amount entitled to priority</b> \$ _____  \$ _____  \$ <u>14,222.70</u>  \$ _____  \$ _____  \$ _____
<b>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Indicate the amount of your claim arising from the value of any goods received by the Debtors within 20 days before the date of commencement of the above case, where the goods have been sold to the Debtors in the ordinary course of its business. Attach documentation supporting such claim.		\$ _____

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name PAUL FREDERICK WIEHAGEN  
 First name Middle name Last name  
 Title EMPLOYEE ROAD DRIVER ST. LOUIS MO  
 Company YRC FREIGHT  
 Identify the corporate servicer as the company if the authorized agent is a servicer.  
 Address P.O. BOX 187  
 Number Street  
BARNHART MO 63012  
 City State ZIP Code  
 Contact Phone 314 369 7218 Email pfwiehagen@outlook.com



Taylor Communications, Inc.

## PAYMENT REQUEST FORM

Name: PF WIEHAGE Job Class: ROADLast 4 Digits SS# \_\_\_\_\_ Location: R82Emp. ID#: 100947

## Vacation Request

☒ Weeks of VacationDates of Vacation: 9/10/23 - 9/16/23☐ Daily Vacation

Dates of Vacation: \_\_\_\_\_

☐ Vacation in Lieu

Split Vacation Pay: Daily Weekly (circle one)

Vacation Pay in Advance ☒ Yes ☐ No☐ Sick Paid Day

Date(s): \_\_\_\_\_

☐ Holiday

Holiday Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Funeral Leave

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Jury Duty (requires a copy of court payment including mileage)

Date(s): \_\_\_\_\_

## Runaround Claim

(ADO Authorization Required for Claim to be paid)

Date of Occurrence: \_\_\_\_\_

Amount of Claim Hours: \_\_\_\_\_

LH Miles: \_\_\_\_\_

Amount: \_\_\_\_\_

For LH Drivers - must check one of the following:

☐ REG☐ MEET☐ SLOW

## Pay Shortage Request

Date of Claim: \_\_\_\_\_

Amount (hours and gross): \_\_\_\_\_

Explanation of Claim: Dispatch ID (required for LH Drivers): \_\_\_\_\_

Date

Employee Signature

Date

Authorized Signature

Date

Area Director of Operations Signature

F-182 08/14

ORIGINAL TO PAYROLL

Shiny  
Process

w/e

8/5/23 (2023)

8/19/23 (2023)

9/09/23 (2023)

9/10 - 9/16/23

VACATION

w/ Bennies

9/17 - 9/23/23

9/24 - 9/30/23

10/1 - 10/7/23

10/8 - 10/14/23

10/15 - 10/21/23

10/22 - 10/28/23

WK 31

(2)

WK #3 &amp; WK #4 2022-2023

07.19.23

9/3  
9/2 - 9/9/23  
9/10 - 9/16/23

2022

2023

2023

2023

2023



Yellow Corporation

Select Language   
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Case # 23-11069

Judge Craig T. Goldblatt Jurisdiction Delaware

Filed Aug 06 2023 <https://www.myyellow.com>

 Transportation

SUBSCRIBE TO DOCKET ALERTS



 Overview

 Dockets

 Claims

 Key Documents

 Adv. Proceedings

CREDITOR

Paul Wieggen

☐ Search Creditor Name and Address

DEBTORS

Enter and Select

CLAIM NUMBERS

e.g. 105 or 1-10

DOCKET NUMBERS

e.g. 7 or 1-50-1520

SCHEDULE NUMBERS

e.g. 801200-570610

SCOPE

Claims and Schedules

AMOUNT

Total Claim Value

Equity

\$ 0

FILED DATE

Any Date

SEARCH

SHARE

Clear All

 1 Claims  Creditors, Paul Wieggen  Scope: Claims and Schedules 

Claim #3612 Schedule #87213800

Creditor WIEGGEN, PAUL FREDERICK

Debtor 23-11069 Yellow Corporation

Creditor Address

ADDRESS ON FILE

Amounts

Claimed Priority Amount

Claimed Unsecured Amount

Scheduled Priority Amount

Scheduled Unsecured Amount

Values

Priority Value

Unsecured Value

Remarks

THE SCHEDULED AMOUNT IS  
UNDETERMINED

Hide Details 

Sort by: Claim Number 

Suppressed

Value \$14,222.70  
Filed Nov 01 2023





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PAUL E. WILHART  
 PO BOX 187  
 BARNHART NY 13012-0187  
 PHONE 314.369.7218

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service® Acct. No.



EJ 64J 626 524 US

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**SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: (1) Requires the addressee's signature; OR (2) Purchases additional insurance; OR (3) Purchases COD service; OR (4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.

- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available)
- ☐ 10:30 AM Delivery Required (additional fee, where available)
- ☐ Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

5036 CRAIG T. BOULBLAT  
 US BARNHART NY  
 824 NORTH MARKET ST. 3RD FLOOR  
 WILMINGTON DE  
 PHONE ( ) - -

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1 9 8 0 1 -

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- \$100.00 Insurance included.

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ORIGIN (POSTAL SERVICE USE ONLY)

PO Zip Code ☒ 1-Day ☐ 2-Day ☐ Military ☐ DPO

Date Accepted (MM/DD/YY) 6/30/12 Scheduled Delivery Date (MM/DD/YY) 7/3/24 Postage \$ 30.45

Time Accepted 7/2/24 Scheduled Delivery Time 10:30 AM PM Insurance Fee \$ COD Fee \$

Special Handling/Fragile ☐ Flat Rate ☐ Sunday/Holiday Premium Fee \$ Return Receipt Fee \$ Live Animal Transportation Fee \$

Weight lbs. ozs. 12.32 \$ 30.45

DELIVERY (POSTAL SERVICE USE ONLY)  
 Delivery Attempt (MM/DD/YY) Time ☐ AM ☐ PM Employee Signature

Delivery Attempt (MM/DD/YY) Time ☐ AM ☐ PM Employee Signature

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RDC 07



PME  
 BARNHART, NY  
 JUL 02, 2024  
 000.73  
 R2305K135929



When used in the affix customs declaration (PS Form 2976,

SCAN ME

United States Postal Service is awarded to products that pursue an innovative vision ecologically-intelligent design that eliminates the concept of waste. This USPS® packaging has been certified for its material content, recyclability, and manufacturing characteristics. Please recycle.